



2837, 2838

PTO/SB/21 Modified

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/537,929
	Filing Date	June 7, 2005
	First Named Inventor	Yin Hao
	Art Unit	2833
	Examiner Name	Vanessa Mary Girardi
Total Number of Pages in this Submission	Attorney Docket Number	A3-257 US

### ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawings  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Other Enclosure(s): Please identify below:
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Remarks:

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Molex Incorporated		
Signature	<i>Robert J. Zeitler</i>		
Printed Name	Robert J. Zeitler		
Date	October 3, 2006	Reg. No.	37,973

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as <input checked="" type="checkbox"/> first class mail or <input type="checkbox"/> express mail (label number ) in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature	<i>Jennifer Beedles</i>		
Type or Printed Name	Jennifer Beedles	Date	October 3, 2006
Send to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.			



PTO/SB/17 Modified  
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FEE TRANSMITTAL For FY 2005		Complete if Known	
		Application Number	10/537,929
		Filing Date	June 7, 2005
		First Named Inventor	Yin Hao
		Examiner Name	Vanessa Mary Girardi
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2833
TOTAL AMOUNT OF PAYMENT	\$ 1,020.00	Attorney Docket No.	A3-257 US

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify):	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>50-1873</u> Deposit Account Name: <u>Molex Incorporated</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, <b>except for the filing fee</b>	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments for fee(s) under 37 CFR 1.16 and 1.17 and credit any overpayments.	

FEE CALCULATION						
1. Basic Filing, Search and Examination Fees						
<u>Application Type</u>	<u>Filing Fees</u>	<u>Search Fees</u>	<u>Examination Fees</u>	<u>Fees Paid (\$)</u>		
Utility	\$300	\$500	\$200	\$		
Design	\$200	\$100	\$130	\$		
Plant	\$200	\$300	\$160	\$		
Reissue	\$300	\$500	\$600	\$		
Provisional	\$200	\$0	\$0	\$		
2. Excess Claim Fees						
Each claim over 20 (including Reissues)						
<u>Total Claims</u>		<u>Extra Claims</u>	<u>Fee (\$)</u>		<u>Fee Paid (\$)</u>	
11	-20 or HP=	0	\$50	x	=	\$0.00
Each independent claim over 3 (including Reissues)						
<u>Indep. Claims</u>		<u>Extra Claims</u>	<u>Fee (\$)</u>		<u>Fee Paid (\$)</u>	
2	-3 of HP=	0	\$200	x	=	\$0.00
Multiple dependent claims			<u>Fee (\$)</u>		<u>Fee Paid (\$)</u>	
			\$360			\$
3. Application Size Fee						
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).						
<u>Total sheets</u>	<u>Extra sheets</u>	<u>Number of each addtl 50 or fraction thereof (round up to whole #)</u>	<u>Fee (\$)</u>		<u>Fee Paid (\$)</u>	
- 100 =		/ 50 =	\$250	x	=	\$
						<u>Fees Paid (\$)</u>
4. Other fee(s)						
Non-English Specification, \$130 fee (no small entity discount)						
Other: Three month extension of time						\$1,020.00

Submitted by			
Name (Print/Type)	Robert J. Zeitler	Registration No. 37,973	Telephone (630) 527-4884
Signature			Date October 3, 2006